THE LANCET Infectious Diseases

Supplementary webappendix

This webappendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Yu N, Li W, Kang Q, Zeng W, Feng L, Wu J. No SARS-CoV-2 detected in amniotic fluid in mid-pregnancy. *Lancet Infect Dis* 2020; published online April 22. https://doi.org/10.1016/S1473-3099(20)30320-0.

Table: **Clinical characteristics and laboratory results for mothers and infants**

Clinical value	Case 1	Case 2
Onset of symptoms (weeks+days)	8+5	8+4
Drug therapy	Abidol, Interferon, Moxifloxacin, LTT, TCM	Abidol, Interferon, Moxifloxacin, TCM
Gestational age at cure (weeks+days)	11+2	12+3
Time from onset of symptoms to cure (days)	18	27
Maternal total antibody on March 23 (S/CO)*	886.56	11.51
Gestational age at amniocentesis (weeks+days)	17+2	16+2
Time from onset of symptoms to amniocentesis (days)	60	54
Amniotic fluid RT-PCR test	negative	negative
Amniotic fluid IgM (AU/mL)	0.08	0.13
Amniotic fluid IgG (AU/mL)	1.23	3.38
Maternal IgM on March 26 (AU/mL)	17.1	4.38
Maternal IgG on March 26 (AU/mL)	37.87	67.73

LTT=lopinavir and ritonavir tablets. TCM=traditional Chinese medicine. S/CO=signal to cutoff. *Normal is ≤1·2 S/CO.

Test information

Quantitative RT-PCR (BioGerm Biotech, Shanghai, China) was used to test for SARS-CoV-2 RNA in throat swabs and amniotic fluid, and maternal sera samples and amniotic fluid were tested for IgG and IgM antibodies with a chemiluminescent immunoassay (YHLO Biotech, Shenzhen, China). The sensitivity and specificity reported by the manufacturer for IgM are 88·2% and 99·0%, respectively, and for IgG are 97·8% and 97·9%, respectively. Results of 10 AU/mL or higher were reactive (positive) and results of less than 10 AU/mL were nonreactive (negative). Maternal sera samples were tested for total antibodies with a Chemiluminescence Microparticle Immuno Assay (Innodx Biotech, Xiamen, China) on March 23. The sensitivity and specificity reported by the manufacturer are 80·29% and 98·06%, respectively. Results of 1·2 S/CO or higher were reactive (positive) and results of less than 1·2 S/CO were nonreactive (negative). All tests were performed by two researchers, with antibody tests done twice. Sample collection, processing, and laboratory testing followed guidance from WHO.